



Corporate WIC Vendor APPLICATION

*Please print clearly; provide ALL information requested
on this application. Mail to:*

**OCS/Family Nutrition Programs/WIC
130 Seward Street, Rm. 508
Juneau, AK 99801**

For WIC Use Only

Status _____

Date Auth. _____

Vendor # _____

Peer Group _____

Corporation Name _____ Fed. Tax ID-FEIN _____

Subsidiary operating stores in Alaska, if applicable: _____

Alaska Business License Number(s): _____

Corporate Mailing Address _____

City _____ State _____ Zip _____

Have any of the current owners, officers or managers of the corporation been convicted of or had a civil judgment against them during the past six (6) years for: *(check any that apply)*

_____ fraud

_____ antitrust violations

_____ embezzlement

_____ theft

_____ forgery

_____ bribery

_____ falsification of records

_____ making false statements

_____ receiving stolen property

_____ making false claims

_____ obstruction of justice

(If any items above are checked, please attach a written explanation.)

Corporate Contact for WIC Vendor Authorization Issues:

Name _____ Title: _____

Phone _____ Fax _____ Email: _____

Mail (if different than above) _____

Corporate Contact for WIC Training Issues:

Name _____ Title: _____

Phone _____ Fax _____ Email: _____

Mail (if different than above) _____

Corporate Contact for WIC Financial Issues (Monetary Claims, Reimbursements, etc):

Name _____ Title: _____

Phone _____ Fax _____ Email: _____

Mail (if different than above) _____

How long has corporation owned or operated WIC vendor stores in Alaska? _____

How many stores does the corporation currently own or operate in Alaska? _____

How many of above stores are applying to be authorized as WIC vendors? _____

Attach a list with store names, addresses, managers' names and WIC Vendor Numbers (if known).

Does corporation provide WIC training to store managers? ____ Yes ____ No
If yes, indicate how often and in what format(s)?

Does corporation provide WIC training to store cashiers? ____ Yes ____ No
If yes, indicate how often and in what format(s)?

Check types of media that may be used for WIC training at the store level:

__ Classroom (in person) __ VCR/Video __ Computer (CD/DVD or on-line) __ Teleconference

STATEMENT OF APPLICATION: The corporation named on this application is applying for authorization of some or all of its stores to participate in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) administered by the Department of Health and Social Services for the State of Alaska. The corporation asserts that its stores are full service retail grocery stores in fixed and permanent locations. The corporation has received, reviewed and understands the Vendor Manual and Vendor Agreement which outline and govern the operation of the WIC program with respect to vendors. The corporation asserts that it and its stores and employees will comply with WIC program regulations, policies and procedures, including, but not limited to:

1. maintaining the required minimum inventory of WIC foods at all times;
2. participating in vendor training or education sessions conducted by WIC staff;
3. training store employees on WIC policies and procedures;
4. submitting accurate prices for WIC foods to the WIC Program at least twice per year;
5. being monitored for program compliance;
6. purchasing infant formula only from sources authorized by the Alaska WIC Program;
7. maintaining and providing copies of inventory, purchase or sales records as requested;
8. other provisions as described in the WIC Vendor Agreement and Vendor Manual.

The undersigned asserts that: 1) all information on this application is true and s/he understands that false information may result in denial or withdrawal of authorization to participate in the WIC program; and 2) s/he has the authority to enter into agreements for and on behalf of the corporation; and 3) s/he understands this application is only a request for approval and NOT a vendor agreement and that no WIC warrants may be accepted, or claims for payment submitted, by an individual store without having a valid authorization in effect. If vendor applies for re-authorization but does not receive notification of re-authorization prior to expiration of the current agreement, vendor cannot redeem WIC warrants after the expiration date. The state agency will notify the vendor if and when WIC re-authorization is approved and the date WIC warrants may be accepted.

Signature: _____ Date: _____

Printed Name: _____ Title: _____

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